

St. Clair County Community Mental Health Authority
The Subjective Opiate Withdrawal Scale (SOWS)

Individual:
Case #:
DOB:

In the column below in today's date and time, and in the column underneath, write in a number from 0-4 corresponding to how you feel about each symptom **RIGHT NOW**.

SCALE: 0 = Not at all 1 = A Little 2 = Moderately 3 = Quite a bit 4 = Extremely						
Date:						
Time:						
	SYMPTOM	SCORE	SCORE	SCORE	SCORE	SCORE
1	I feel anxious					
2	I feel like yawning					
3	I am perspiring					
4	My eyes are teary					
5	My nose is running					
6	I have goosebumps					
7	I am shaking					
8	I have hot flushes					
9	I have cold flushes					
10	My bones and muscles ache					
11	I feel restless					
12	I feel nauseous					
13	I feel like vomiting					
14	My muscles twitch					
15	I have stomach cramps					
16	I feel like using now					
TOTAL:						